

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016505

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 171

VS 300  
Rev. 4/59

1 0945

2 0945

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12 90:0

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St Francois</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St Francois</u>              |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Farmington Mo.</u>   |   | Length of stay in lb<br><u>20 years</u>   | c. CITY OR TOWN <u>Farmington</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>700 E. College</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>700 E College</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Mary Elma McClaskey</u>   |   | 4. DATE OF DEATH<br>Month Day Year<br><u>April 27 1962</u>  |  |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>1/13/08</u>   |
| 9. AGE (last birthday)<br><u>53</u>  |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House Wife</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Deep River Iowa</u>   |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |   | 13a. FATHER'S NAME<br><u>Edward Johnson</u>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Ella Johnston</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Homer McClaskey</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO.</u>  |   | 17. INFORMANT<br>Address<br><u>Homer McClaskey Farmington Mo.</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>SQUAMOUS CELL CARCINOMA OF CERVIX</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>ADENOCARCINOMA OF COLON</u><br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION<br><u>Farmington</u><br>COUNTY <u>Missouri</u> STATE <u>Missouri</u>         |   |  |
| 21. I attended the deceased from <u>Aug 1954</u> to <u>4-27-62</u> and last saw her alive on <u>4-26-62</u><br>Death occurred at <u>4:55 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE<br>(Degree or title)<br><u>C. E. Cantitor M.D.</u>  |   | 22b. ADDRESS<br><u>Farmington Mo</u>  |  |
| 22c. DATE SIGNED<br><u>4-30-62</u>   |   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Hill View</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>4/29/62</u>   | 23d. LOCATION (City, town, or county)<br><u>Farmington Missouri</u>   |  |
| 24. FUNERAL DIRECTOR<br><u>C.H. COZEAN FARMINGTON MISSOURI</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>apr. 30, 1962</u>  |  |
| 26. REGISTRAR'S SIGNATURE<br><u>Ether Rudloff</u>  |   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

OCT 4 1962

JUN 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4084

P. O. Address Farmington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.